

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)**

SERIAL NO. 10-030,928 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2							52					
3							53					
4		12					54					
5		81					55					
6		10					56					
7		81					57					
8		10					58					
9		81					59					
10		10					60					
11		81					61					
12							62					
13							63					
14							64					
15							65					
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17							67					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	8						TOTAL DEP.					
TOTAL CLAIMS	9						TOTAL CLAIMS					

PTO-575 (5-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS SEE DEPARTMENTAL COMMISSION

BEST AVAILABLE COPY